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Bib Data Sheet

CONFIRMATION NO. 9158

SERIAL NUMBER 10/601,231	FILING DATE 06/20/2003  RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 77004
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## APPLICANTS

Andrew E. McPherson, Mount Prospect, IL;

John H. Pasch, Lake Zurich, IL;

Yeong Ching A. Hong, Kildeer, IL; Veronica Harrison, Bartlett, IL;  
Lynell Morales, Chicago, IL;*AOP*

\*\* CONTINUING DATA \*\*\*\*\*

*AOP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/04/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	0	54	6
Verified and Acknowledged	<i>J.P.</i> Examiner's Signature	<i>AOP</i> Initials			

## ADDRESS

48940  
 FITCH EVEN TABIN & FLANNERY  
 120 S. LASALLE STREET  
 SUITE 1600  
 CHICAGO , IL  
 60603-3406

## TITLE

Reduced acidic flavor in acidified starch products

	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT